PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debart and Chice in the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless its first to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/773,761			ling Date 06/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		(Column 1) NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
\vdash	BASIC FEE		N/A	.ED NO	N/A		N/A	FEL (e)		N/A	FEE (#)
뉴	(37 CFR 1.16(a), (b), (or (c))	-				H		l		
냳	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
브	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *			П	x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *			l	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		IJ			1		
* If 1	the difference in colu	umn 1 is less than	zero, ente	r "0" in column 2.			TOTAL]	TOTAL	
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ER THAN ALL ENTITY
AMENDMENT	07/21/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.18(i))	· 23	Minus	+ 51	= 0	П	X \$26 =	0	OR	x s =	,
١	Independent (37 CFR 1.16(h))	• 2	Minus	•••6	= 0	1	X \$110 =	0	OR	x s =	
ž.	Application Size Fee (37 CFR 1.16(s))										
۱ ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))					1			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection is estimated in the 92 annution to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.